

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	MEDICATED INK MARKER
Attorney Docket Number::	ATA-395
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	8
Total Drawing Sheets::	7
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Steve
Middle Name::	A.
Family Name::	HERWECK
City of Residence::	Nashua
State or Province of Residence::	NH
Country of Residence::	US
Street of mailing address::	4 Crestwood Lane
City of mailing address::	Nashua
State or Province of mailing address::	NH

Postal or Zip Code of mailing address:: 03062

**Correspondence Information**

Correspondence Customer Number:: 00959

**Representative Information**

Representative Customer Number:: 00959

**Assignee Information**

Assignee name:: ATRIUM MEDICAL CORP.

Street of mailing address:: 5 Wentworth Drive

City of mailing address:: Hudson

State or Province of mailing address:: NH

Postal or Zip Code of mailing address:: 03051